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Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Secretary of the Senate Office of Public Records 232 Harr Building Washington, DC 20510

SECRETARY OF THE SENATE

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H.D.

## LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

, <u>,</u>	1/2/00
Check if this is an Amended Registration	1. Effective Date of Registration 1/2/29
2. House Identification Number	Senate Identification Number
REGISTRANT  3. Registrant name 7/4E EACHES CHA	eup Inc
Address 499 SOUTH CAPITOL.	Sr. S. W. Surz 520
City WAShingTON	and the second s
Principal place of business (if different from line 3)     City	State/Zip (or Country)
5. Telephone number and contact name (202) 484 -008 7 Contact	E-mail (optional)
6. General description of registrant's business or activities  Business Development	COUERNUEUT AFFAIRS
tabeted "Self" and proceed to line 10.	for each client. Organizations employing in-house tobbyies should check the box
City Rivervole	[: e
<ol> <li>Principal place of business (if different from line 7)</li> <li>City</li> </ol>	State/Zio (or Country)
9. General description of client's business or activities	
this section has served as a "covered executive branch or acting as a lobbyist for the client, state the executive and	<u>"</u>
Name	Covered Official Position (if applicable)
TERENCE J. CosTEllo	
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Form (LD-1 (Rev. 06/98)	Fage (

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tegistram Name		Clien	t Name	35.000 a			
LOBBYING ISSU  11. General lobbying issue  DEF		i applicable codes	listed in instructions and	on the revers	e side of Form	LD-1, page 1.	
12. Specific lobbying issue SEEKIVA FR AND APPROXIMATION MANAGEMEN	PRIATION	Brils Con	DEFENSE A	UTHER	en roll	:	
AFFILIATED OR 3. Is there an entity other a semiannual period	er than the clien	t that contribute:	s more than \$10,000 to ans, supervises or contr				
No ⇔ Go to I	ine 14.	□ Ye	es 3 Complete the rest of the criteria above,				
Name			Address		Principal Place of Business (city and state or country)		
4, 9					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
b) directly or activities o e) is an affilia	entity that: st 20% equitable indirectly, in what the client or as	iole or in major ; ny organization i	he elient or any organiz part, plans, supervises, o identified on line 13; <b>OI</b> on identified on line 13	controls, die F	rects, fiĥanco	s or subsidizes	
D No⇒ Sign and o	date the registra	tion.	Yes 1 Complete matching t registratio	he criteria a	y	or each entity gn and date the	
Name	A	ddress	Principal place of business (city and state or cou	ÇX	Amount of ontribution for obying activitie		
Signature  Printed Name and Title	Tener	INIK ce J	Cosrecco,	Date/	la fa g		
Form LD-1 (Rev. 06/98)			·		·C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.	Page 2	